



# "HANDS-ON" URODYNAMICS COURSE

Registration Form  
2010 UDS COURSE  
COU005

## Personal Information

Date

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone number \_\_\_\_\_

Clinic / Practice \_\_\_\_\_ Fax number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ Other \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## Select Program

Date / City / Site	Quantity	Unit Price USD	Amount
January 28-30, 2010 – Las Vegas, NV – Ernest M. Sussman, M.D.		\$1185.00	
March 18-20, 2010 – Tampa, FL – Tampa General Hospital		\$1185.00	
April 29- May 1, 2010 – San Antonio, TX – University Urology Associates		\$1185.00	
September 23-25, 2010 – Phoenix, AZ – Urology Associates Ltd.		\$1185.00	
October 28-30, 2010 – Vancouver, BC – Bladder Care Centre		\$1185.00	
<b>Cancellation Policy</b> <i>Cancellations made 11 days+ before first course day - Laborie will apply course fee to a future course or refund tuition minus a \$150.00 administrative fee. Cancellations made 10 days or less before first course day will not be refunded or applied to future courses. Laborie reserves the right to cancel any or all parts of these workshops without prior notice and shall not be held responsible for any costs incurred by registrant.</i>			<b>Total (US Dollars)</b>

## Payment

CHECK (Payable to LABORIE MEDICAL TECHNOLOGIES)  
400 Avenue D, Williston, Vermont 05495-7828 USA

CREDIT CARD

Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

## Participants (Print name as you wish it to appear on certificate)

1. \_\_\_\_\_ Title \_\_\_\_\_

2. \_\_\_\_\_ Title \_\_\_\_\_

3. \_\_\_\_\_ Title \_\_\_\_\_

4. \_\_\_\_\_ Title \_\_\_\_\_

Please fax your registration form to Kelly Maginnis at 1.802.878.1122 or email to the following address: [kmaginnis@laborie.com](mailto:kmaginnis@laborie.com). Confirmation letter will be sent upon receipt of payment.